

PTO/SB/81 (01-09)

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| <b>POWER OF ATTORNEY<br/>OR<br/>REVOCATION OF POWER OF ATTORNEY<br/>WITH A NEW POWER OF ATTORNEY<br/>AND<br/>CHANGE OF CORRESPONDENCE ADDRESS</b> | Application Number     | 10 / 522, 889          |
|   | Filing Date            | 08 / 18 / 2005         |
|   | First Named Inventor   | Rudy Hengelmoen        |
|   | Title                  | Auxetic Tubular Liners |
|   | Art Unit               | 3734                   |
|   | Examiner Name          | Blatt, Eric D          |
|   | Attorney Docket Number | 12 68 - 135            |

I hereby revoke all previous powers of attorney given in the above-identified application.

☒ A Power of Attorney is submitted herewith.

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| <input checked="" type="checkbox"/> Firm or Individual Name | Freeflow Medical Limited |       |                           |
| Address   | c/o 123 Deansgate        |       |                           |
| City  | Manchester               | State |                           |
| Country   | United Kingdom           | Zip   | M3 2BU                    |
| Telephone   | +44 (0) 7801 703989      | Email | rudy.hengelmoen@gmail.com |

I am the:

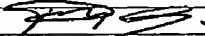
☒ Applicant/Inventor.

OR

☐ Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on \_\_\_\_\_

SIGNATURE of Applicant or Assignee of Record

|                   |   |           |                |
|-------------------|---|-----------|----------------|
| Signature         |  | Date      | March 19, 2009 |
| Name              | RUDY HENGELMOEN   | Telephone |                |
| Title and Company | FOUNDER & TECHNICAL DIRECTOR; FREEFLOW MEDICAL LTD                                  |           |                |

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☐ \*Total of \_\_\_\_\_ forms are submitted.

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